

FY_____ Contractor Name:_____ If Federal Funds, CFDA #:_____

PURCHASE OF SERVICE - ATTACHMENT 3: FISCAL YEAR PROGRAM BUDGET

Program Name:		Document ID#:		MMARS Code:		Program Type		UFR Prog. #		
		Current		Amend. Change		New				
		FTE	Amount	FTE	Amount	FTE	Amount	COST REIMBURSEMENT ONLY		
	Program Component							**Offset	Source	Reimbursable Cost
UFR Title #	Direct Care/Program Support Staff/Overtime/Shift Differential & Relief (Titles 101-141)									
	SUBTOTAL STAFF									
150	Payroll Taxes									
151	Fringe Benefits									
T	Total Direct Care/Program Staff									
Title	Occupancy									
301	Program Facilities									
390	Fac. Oper/Main/Furn									
T	Total Occupancy									
UFR Title	Other Direct Care/Program Support									
201	Direct Care Consultant									
202	Temporary Help									
203	Clients/Caregivers. Reimb/Stipends									
206	Subcontract Dir.Care									
204	Staff Training									
205	Staff Mileage/Travel									
207	Meals									
208	Client Transportation									
208	Vehicle Expenses									
208	Vehicle Depreciation									
209	Incid. Health/Med Care									
211	Client Per. Allowances									
212	Prov. of Material Good									
214	Direct Client Wages									
214	Other Commercial Prod. & Svs.									
215	Program Supplies/Mat									
T	Total Other Direct Care/Program									
Title	Direct Admin Expenses									
410	Program Support									
411 & 390	Other Direct Administrative Expenses									
T	Total Direct Administrative Exp.									
T	SUBTOTAL PROGRAM COSTS									
411 T	Agency Admin. Support Allocation	%	\$							
T	PROGRAM TOTAL									

**** A. \$ _____ Subtotal of offsets which are
for non-reimbursable costs.**

**** Non-reimbursable costs must be shown in detail on Attach 5 when the program is subj to the provisions of Federal OMB Circular A-122 and/or 808 CMR 1.00**

*** Contractor's Board approved capitalization level relative to any negotiated expense costs in lines 208, 215, 390 or 410 is \$_____